



*Indiana Department of Revenue*  
**Indiana Business Authorization  
and Safety Application for  
Intrastate and/or Interstate Carriers  
for Calendar Year \_\_\_\_\_**

FOR DEPARTMENT USE ONLY

- ☐ Renewal (Due November 30th)  
☐ New Applicant  
☐ Information Change

**All motor carriers are required to obtain and/or renew a USDOT Number or Indiana ID number. Read the instructions before continuing.**

### Section A: Motor Carrier Information

1. Legal Name			2. Doing Business As (DBA) Name		
3. Physical Street Address			4. Mailing Address (If Different From Street Address)		
5. City	6. State/Province	7. Zip Code	8. City	9. State/Province	10. Zip Code
11. County	12. Principle Phone No. (     )	13. Cell Phone No. (     )	14. Fax Number (     )	15. County	
16. TID Number	17. FEIN/SSN		18. USDOT/Indiana ID Number		19. FHWA/MC Number
20. Internet E-Mail Address					

### Section B: Type of Motor Carrier Operation

21. Carrier Operation (Check All That Apply) A. <input type="checkbox"/> Interstate (Hazardous Materials)                      B. <input type="checkbox"/> Intrastate (Hazardous Materials) C. <input type="checkbox"/> Intrastate (Non-Hazardous Materials)                      D. <input type="checkbox"/> Interstate (Non-Hazardous Materials)																																								
22. Shipper of Hazardous Materials operation (Check One)  A. <input type="checkbox"/> Interstate (Includes traveling outside Indiana) B. <input type="checkbox"/> Intrastate (Traveling within Indiana only)			23. Carrier Mileage (To nearest 10,000 miles for Last Calendar Year )  _____																																					
24. Operation Classification (Check All That Apply) A. <input type="checkbox"/> Authorized For-Hire (Hauling someone else's product/passengers in your vehicle)    E. <input type="checkbox"/> Private Passengers (Non-Profit) (This would apply to Church Buses, etc.) B. <input type="checkbox"/> Exempt For-Hire (Hauling someone else's exempt product in your vehicle.)            F. <input type="checkbox"/> CCZ (Chicago Commercial Zone) <b>This applies to only J, O, P, S, T &amp; AA (As listed below)</b> G. <input type="checkbox"/> LCZ (Louisville Commercial Zone) C. <input type="checkbox"/> Private (Property) (Hauling your own product in your vehicle)                      H. <input type="checkbox"/> Broker Intrastate Household Goods & Passenger D. <input type="checkbox"/> Private Passengers (Business) (This would apply to Touring Bands, etc.)            I. <input type="checkbox"/> Registrant*																																								
25. Cargo Classifications (Please Check All That Apply)  <table style="width: 100%;"> <tr> <td style="width: 20%;">A. <input type="checkbox"/> General Freight</td> <td style="width: 20%;">G. <input type="checkbox"/> Building Materials</td> <td style="width: 20%;">M. <input type="checkbox"/> Passengers</td> <td style="width: 20%;">T. <input type="checkbox"/> U.S. Mail</td> <td style="width: 20%;">AA. <input type="checkbox"/> Farm Supplies</td> </tr> <tr> <td>B. <input type="checkbox"/> Household Goods</td> <td>H. <input type="checkbox"/> Mobile Homes</td> <td>N. <input type="checkbox"/> Oilfield Equipment</td> <td>U. <input type="checkbox"/> Chemicals</td> <td>BB. <input type="checkbox"/> Construction</td> </tr> <tr> <td>C. <input type="checkbox"/> Metal, Sheets, Coils, Rolls</td> <td>I. <input type="checkbox"/> Machinery, Large Objects</td> <td>O. <input type="checkbox"/> Livestock</td> <td>V. <input type="checkbox"/> Commodities Dry Bulk</td> <td>CC. <input type="checkbox"/> Water Well</td> </tr> <tr> <td>D. <input type="checkbox"/> Motor Vehicles</td> <td>J. <input type="checkbox"/> Fresh Produce</td> <td>P. <input type="checkbox"/> Grain, Feed, Hay</td> <td>W. <input type="checkbox"/> Refrigerated Food</td> <td>DD. <input type="checkbox"/> Other _____</td> </tr> <tr> <td>E. <input type="checkbox"/> Driveway/Towaway</td> <td>K. <input type="checkbox"/> Liquids/Gases</td> <td>Q. <input type="checkbox"/> Coal/Coke</td> <td>X. <input type="checkbox"/> Beverages</td> <td></td> </tr> <tr> <td>F. <input type="checkbox"/> Logs, Poles, Beams, Lumber</td> <td>L. <input type="checkbox"/> Intermodal Cont.</td> <td>R. <input type="checkbox"/> Meat</td> <td>Y. <input type="checkbox"/> Paper Products</td> <td></td> </tr> <tr> <td></td> <td></td> <td>S. <input type="checkbox"/> Garbage, Refuse, Trash</td> <td>Z. <input type="checkbox"/> Utility</td> <td></td> </tr> </table>						A. <input type="checkbox"/> General Freight	G. <input type="checkbox"/> Building Materials	M. <input type="checkbox"/> Passengers	T. <input type="checkbox"/> U.S. Mail	AA. <input type="checkbox"/> Farm Supplies	B. <input type="checkbox"/> Household Goods	H. <input type="checkbox"/> Mobile Homes	N. <input type="checkbox"/> Oilfield Equipment	U. <input type="checkbox"/> Chemicals	BB. <input type="checkbox"/> Construction	C. <input type="checkbox"/> Metal, Sheets, Coils, Rolls	I. <input type="checkbox"/> Machinery, Large Objects	O. <input type="checkbox"/> Livestock	V. <input type="checkbox"/> Commodities Dry Bulk	CC. <input type="checkbox"/> Water Well	D. <input type="checkbox"/> Motor Vehicles	J. <input type="checkbox"/> Fresh Produce	P. <input type="checkbox"/> Grain, Feed, Hay	W. <input type="checkbox"/> Refrigerated Food	DD. <input type="checkbox"/> Other _____	E. <input type="checkbox"/> Driveway/Towaway	K. <input type="checkbox"/> Liquids/Gases	Q. <input type="checkbox"/> Coal/Coke	X. <input type="checkbox"/> Beverages		F. <input type="checkbox"/> Logs, Poles, Beams, Lumber	L. <input type="checkbox"/> Intermodal Cont.	R. <input type="checkbox"/> Meat	Y. <input type="checkbox"/> Paper Products				S. <input type="checkbox"/> Garbage, Refuse, Trash	Z. <input type="checkbox"/> Utility	
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26. Hazardous Materials Carried or Shipped (Please Circle All That Apply) C (Carried) S (Shipped) B (Bulk)-In Cargo Tanks NB (Non-Bulk)-In Packages (Divisions that are in bold require 5,000,000 in insurance.)									
C S A. Division (Class A)	1.1	B NB	(Explosives)	C S V. Division	4.3	B NB	(Dangerous)		
C S B. Division (Class A & B)	1.2	B NB	(Explosives)	C S W. Division	5.1	B NB	(Oxidizer)		
C S C. Division (Class B)	1.3	B NB	(Explosives)	C S X. Division	5.2	B NB	(Organic Peroxide)		
C S D. Division Class C	1.4	B NB	(Explosives)	C S Y. Division	6.2	B NB	(Infectious Substance)		
C S E. Division	1.5	B NB	(Blasting Agents D)	C S Z. Division	6.1A	B NB	(Poison Liquid which is (PIH) Zone A)		
C S F. Division	1.6	B NB	(Explosives N)	C S AA. Division	6.1B	B NB	(Poison Liquid which is (PIH) Zone B)		
C S G. Division	2.1	B NB	(Flammable Gas)	C S BB. Division	6.1	B NB	(Poison Liquid with no inhalation hazard)		
C S H. Division	2.1	B NB	(LPG - Liquefied Petroleum Gas)						
C S I. Division	2.1	B NB	(Methane - Methane Gas)	C S CC. Division	6.1	B NB	(Solid-Poison Solids)		
C S J. Division	2.2	B NB	(Oxygen & Non Flammable Gas)	C S DD. Class	7	B NB	(Radioactive)		
C S K. Division	2.2A	B NB	(Anhydrous Ammonia)	C S EE. HRCQ		B NB	(Highway Route Controlled Quantity of Radioactive Material)		
C S L. Division	2.3A	B NB	(Poison Gas which is Poison Inhalation Hazard (PIH) Zone A)	C S FF. Class	8	B NB	(Corrosive Liquids)		
C S M. Division	2.3B	B NB	(Poison Gas which is (PIH) Zone B)	C S GG. Class	8A	B NB	(Corr. Liquids which is (PIH) Zone A)		
C S N. Division	2.3C	B NB	(Poison Gas which is (PIH) Zone C)	C S HH. Class	8B	B NB	(Corr. Liquids which is (PIH) Zone B)		
C S O. Division	2.3D	B NB	(Poison Gas which is (PIH) Zone D)	C S II. Class	9	B NB	(Miscellaneous)		
C S P. Class	3	B NB	(Flammable Liquids)	C S JJ. Elevated Temp Mat		B NB			
C S Q. Class	3A	B NB	(Flammable Liquids which is (PIH) Zone A)	C S KK. Infectious Waste		B NB			
C S R. Class	3B	B NB	(Flammable Liquids which is (PIH) Zone B)	C S LL. Marine Pollutants		B NB			
C S S. Combustible Liquid		B NB		C S MM. Hazardous Sub (RQ)		B NB			
C S T. Division	4.1	B NB	(Flammable Solid)	C S NN. Hazardous Waste		B NB			
C S U. Division	4.2	B NB	(Spontaneously Combustible)	C S OO. ORM-D		B NB			

27. Equipment	Straight Trucks	Truck Tractors	Trailers	HazMat Cargo Tank Trucks	HazMat Cargo Tank Trailer	Number of Passengers (including the driver)									
						Motor Coaches	School Buses			Mini-bus	Vans		Limousines		
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+
Owned															
Term Leased															
Trip Leased															
28A. Driver Information				Interstate		Intrastate			Total Drivers			Total CDL Drivers			
Within 100-Mile Radius															
Beyond 100-Mile Radius Radius															

28B. What is the Gross Vehicle Weight Rating on your vehicles. (Check all that apply)

☐ GVWR 26,001 - Over
☐ GVWR 17,001 to 26,000
☐ GVWR 10,001 to 17,000
☐ GVWR Under 10,000

Section C: Business Type

29. ☐ Individual

Name:

Address:

☐ Partnership (list names, address's)

Name:

Address:

☐ Corporation (list names, address's)

Name:

Address:

☐ LLC (list names, address's)

Name:

Address:

**30. Proof of Public Liability Security**

(check one)

If you are an Intrastate For-Hire carrier and/or a Private Hazardous Materials carrier you must file a Form E Indiana insurance filing. You will need to request this filing from your insurance company. If you have active FHWA/MC authority you **do not** have to submit the Form E filing.

Policy Number:	Effective Date:
Insurance Company Name:	

- A. ☐ The applicant is a private carrier of non-hazardous materials or a private carrier of passengers and is not required to file proof of insurance with this form
- B. ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with 49 CFR Part 1043 for transportation of non-hazardous materials with the minimum amount of \$300,000 coverage for operating only vehicles having a Gross Vehicle Weight Rating (GVWR) of 10,000 pounds or less.
- C. ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with 49 CFR Part 1043 for transportation of non-hazardous materials with the minimum amount of \$750,000 coverage.
- D. ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with 49 CFR Part 1043 for transportation of hazardous materials with the minimum amount of \$1,000,000 coverage.
- E. ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with 49 CFR Part 1043 for transportation of hazardous materials with the minimum amount of \$5,000,000 coverage.
- F. ☐ The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the order. A copy of the self-insurance order is attached or has previously been filed with the registration state.
- G. ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with 49 CFR Part 1043 for transportation of passengers using only vehicles with seating capacity of fewer than 16 passengers with the minimum amount of \$1,500,000 coverage.
- H. ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with 49 CFR Part 1043 for transportation of passengers using vehicles with seating capacity greater than 15 passengers with the minimum amount of \$5,000,000 coverage.

**31. Certification Statement** (To be completed by an authorized official) I certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or the Federal Hazardous Materials Regulations as adopted by Indiana law. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Authorized Signature

Printed Name

Title

Date

Direct your questions to the Indiana Motor Carrier Services Division (317) 615-7350.

Mail This Form To:  
Indiana Department of Revenue  
Motor Carrier Services Division  
PO Box 6075  
Indianapolis, IN 46206-6075

If you need to mail via overnight or express mail,  
our street address is:  
5252 Decatur Blvd., Ste. R  
Indianapolis, IN 46241-9524

**\*Registering as a Registrant**

**Note:** By checking number 24 (I) Registrant, you will be classified as vehicle registrant only. A **“Registrant USDOT Number” does not allow you to operate as a motor carrier and cannot, under any circumstances, be marked on the side of commercial motor vehicles!**

You must obtain a USDOT number for the sole purpose of registering commercial motor vehicles. Common applicants for “Registrant USDOT Numbers” include owner operators who lease to motor carriers and do not operate under their own authority, and truck leasing companies that do not operate as motor carriers.

# Instructions for Completing Form BAS-1

Note that lines 1 through 28A of this form were designed to mirror the federal form MCS-150.  
This is to ensure the least amount of difficulty when processing and assigning your USDOT number.

## Section A: Motor Carrier Information

**Line 1:** Enter the legal name of the business entity (i.e., corporation, partnership, or LLC, LLP or individual) which owns/controls the motor carrier/shipper operation.

**Line 2:** If your business entity is operating under a name other than that on Line 1, (i.e., "DBA name") enter that name. Otherwise, leave this line blank.

**Line 3:** Enter your principle place of business street address (where all safety records are maintained). **NOTE:** A P.O. Box is not acceptable here.

**Line 4:** Enter your mailing address if it is different from the physical address listed on Line 3. If your mailing address is the same as Line 3, leave this area blank.

**Line 5:** Enter the city where your principle place of business is located.

**Line 6:** Enter the two-letter postal abbreviation for the State, or the name of the Canadian Province, in which your principal place of business is located.

**Line 7:** Enter the ZIP code number corresponding with the street address.

**Line 11:** Enter the name of the county in which your principle place of business is located.

**Line 12:** Enter the telephone number, including the area code, of the principal place of business.

**Line 13:** Enter cell phone number, including the area code.

**Line 17:** Enter your Federal Employer Identification Number (FEIN) assigned to your motor carrier operation by the Internal Revenue Service. (Partnerships must have a FEIN Number)

**Line 18:** Enter your US DOT Number or Indiana ID number assigned to your motor carrier operation by either the U.S. Department of Transportation or the Indiana Department of Revenue. Otherwise enter "N/A".

**Line 19:** Enter the motor carrier "MC" number under which the Federal Highway Administration (FHWA) issued your operating authority, if applicable. Otherwise enter "N/A". Interstate Carriers who are for hire and are operating in the Chicago or Louisville Commercial Zones must enter "CCZ" or "LCZ" on this line.

**Line 20:** Enter your Internet E-mail address if you have one.

## Section B: Type of Motor Carrier Operation

*All* carriers must complete this section for the current year of registration. Complete this section even if you already have a US DOT number. This will ensure that your registration information is as current as possible.

**Line 21:** Check the appropriate type of **carrier** operation.

**A - Interstate hazardous materials** - Transportation of hazardous materials across state lines. (49 CFR 100-180)

**B - Intrastate hazardous materials** - Transportation of hazardous materials wholly within one state. (49 CFR 100-180)

**C - Intrastate, non-hazardous materials** - Transportation of persons or property wholly within one State.

**D - Interstate non-hazardous materials** - Transportation of persons or property across state lines, including international boundaries, or wholly within one state as part of a through movement that originates or terminates in another State or Country.

**Line 22:** Check the appropriate type of **shipper** operation.

**Line 23:** Enter the carrier's total mileage to the nearest 10,000 miles for the past calendar year and the year of the mileage.

**Line 24:** Check the appropriate classification. Check **all** that apply.

**A - Authorized for hire:** Transportation for compensation as a common or contract carrier of property, owned by others, or passengers under the provisions of the MC/FHWA.

**B - Exempt for hire:** Transportation for compensation of exempt commodities exempt from the economic regulation by the MC/FHWA.

**C - Private (property):** A person who provides transportation of property by commercial motor vehicle and is not a for hire motor carrier (hauling your own product in your vehicle).

**D - Private Passengers (Business):** A private motor carrier engaged in the interstate or intrastate transportation of passengers which is provided in the furtherance of a commercial enterprise and is not available to the public at large (e.g. touring bands).

**E - Private Passengers (Non-Profit):** A private motor carrier involved in the interstate or intrastate transportation of passengers that does not otherwise meet the definition of a private motor carrier of passengers (e.g., church buses).

**F - Chicago Commercial Zone (CCZ):** Commercial zone is an area surrounding a metropolitan city and is defined by the Interstate Commerce Commission.

**G - Louisville Commercial Zone (LCZ):** Commercial zone is an area surrounding a metropolitan city and is defined by the Interstate Commerce Commission.

**H - Broker (Intrastate Household Goods & Passengers):** A person who, for compensation, arranges or offers to arrange the transportation of household goods and/or passengers by an authorized motor carrier. Motor carriers, or persons who are employees or bona fide agents of a carrier, are not brokers within the meaning of this section when they arrange or offer to arrange the transportation shipments which they are authorized to transport and which they have accepted and legally bound themselves to transport.

**I - Registrant:** A company that only rents/leases vehicles or an owner operator that **always** operates under another company's Operating Authority.

**Line 25:** Check all types of cargo classifications that you usually transport. If "DD Other" is checked, enter the name of the commodity in the space provided.

**Line 26:** Circle all types of hazardous material (HM) you carry/ship.

In the columns **before** the HM types, either circle C for carrier of HM, or S for a shipper of HM.

In the columns **following** the HM types, either circle B if the HM is transported in bulk (over 119 gallons) or NB if the HM is transported in non-bulk (119 gallons or less). The HM types correspond to the classes and divisions listed in 49 CFR 173.2.

**Note:** Information on Poison Inhalation Hazards is found in column (7) of the hazardous materials table (49 CFR 172.101).

**Line 27:** Enter the total number of vehicles owned, term leased or trip leased, that are, or can be, operational the day this form is completed.

**Motor Coach:** A vehicle designed for long distance transportation of passengers, usually equipped with storage racks above the seats and a baggage hold beneath the passenger compartment.

**School Bus:** A vehicle designed and/or equipped mainly to carry primary and secondary students to and from school, usually built on a medium or large truck chassis.

**Mini-bus-** A motor vehicle designed or used to transport 16 or more passengers, including the driver, and typically built on a small truck chassis. A mini-bus has a smaller seating capacity than a motor coach.

**Van** - A small motor vehicle designed or used to transport 15 or fewer passengers including the driver.

**Limousine** - A passenger vehicle usually built on a lengthened automobile chassis.

**Line 28A:** Enter the number of interstate/intrastate drivers used on an average work day. Part-time, casual, term leased, trip leased and company drivers are to be included. Also, enter the total number of drivers, and the total number of those drivers who have a Commercial Drivers License (CDL).

## Section C: Business Type

**Line 29:** Tell us what type of business organization you are. **NOTE:** If you are formed as a partnership or are incorporated, list your partners or corporate officers. Attach additional sheets if necessary.

**Line 30: Proof of Public Liability Security:** Enter your insurance company's name and your policy number and the effective date. Check the box that reflects your insurance status. It is illegal for any motor carrier to operate a vehicle in Indiana without the proper insurance. If this is a renewal application no insurance filing is required.

**Line 31:** This form must be signed by an individual authorized to sign documents on behalf of the entity listed on Line 1. Print or type the name, in the space provided, of the authorized individual signing this return. That individual must sign, date, and show his or her title in the spaces provided. (Certification Statement, see 49 CFR 385.21 and 385.23).

### *Before you seal the envelope...*

- Do not forget to sign the forms!
- Include any other attachments or copies necessary (i.e., payment, BAS-2, ICC authority, Form E-Indiana, etc.).

Direct your questions to the Indiana Motor Carrier Services Division (317) 615-7350.

Mail this return and payment to:

**Indiana Department of Revenue  
Motor Carrier Services Division  
Insurance & Safety Section  
P.O. Box 6075  
Indianapolis, IN 46206-6075**

If you need to mail via overnight or express mail our street address is:

**Indiana Department of Revenue  
Motor Carrier Services Division  
Insurance & Safety Section  
5252 Decatur Blvd., Ste. R  
Indianapolis, IN 46241-9524**

For Additional Information or Assistance:

**Interstate/Intrastate Motor Carrier Service**

**Fax Numbers**

IRP (317) 615-7340 .....	(317) 821-2335
IFTA/MCFT (317) 615-7345 .....	(317) 821-2335
USDOT/SSRS (317) 615-7350 .....	(317) 821-2339
Indiana Operating Authority (317) 615-7350 .....	(317) 821-2339
Superload Permits (317) 615-7320 .....	(317) 821-2336
Commercial Driver's License (317) 615-7335 .....	(317) 821-2340
Oversize/Overweight Vehicle Permitting (317) 615-7320 .....	(317) 821-2336

**Indiana Department of Revenue**

Motor Carrier Services Division  
5252 Decatur Blvd., Suite R  
Indianapolis, IN 46241  
(317) 615-7200  
**TaxFax:** (317) 233-2329  
**Website Address:** [www.in.gov/dor/](http://www.in.gov/dor/)

**Indiana State Police**

Commercial Vehicle Enforcement Division  
5252 Decatur Blvd., Suite J  
Indianapolis, IN 46241  
(317) 615-7373  
1-800-523-2226  
Fax: (317) 821-2350  
Website: [www.in.gov/isp/](http://www.in.gov/isp/)

**Federal Office of Motor Carriers**

(Federal Dept. of Transportation)  
575 N. Pennsylvania, Suite 261  
Indianapolis, IN 46204  
(317) 226-7474  
Fax: (317) 226-5006  
Website: <http://www.saferysys.org/>  
<http://li-public.fmcsa.dot.gov/>  
<http://diy.dot.gov/>